Effective on 12/08/2004.				Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				lication Number			
FEE TRANSMITTAL				ng Date	10/540,08		
For FY 2009				Named Inventor			
					Sarae L. B		нарра
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Sarae L. Bausch Art Unit 1634			
TOTAL AMOUNT OF PAYMENT (\$) 810.00				Attorney Docket 4544 - 051936			
		Atto	They Docket	4544 - 05	1730		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES							
Small Entity Smal					Small Entity	-	D 11 (0)
Application Type Fee (<u>Fee (\$)</u>	Fee (\$)	<u>Fees</u>	<u>Paid (\$)</u>
Utility 330	82	540	270	220	110		
Design 220	110) 100	50	140	70		
Plant 220	110	330	165	170	85		
Reissue 330	16:	5 540	270	650	325		
Provisional 220	110	0	0	0	0		
2. EXCESS CLAIM FEES							Small Entity
Fee Description Fee (\$)							<u>Fee (\$)</u>
Each claim over 20 (including Reissues) 52							26
Each independent claim over 3 (including Reissues) 220							110
Multiple dependent claims	_					390	195
Total Claims - 20 or H	<u> Ex</u>	tra Claims	Fee (\$)	<u>Fee Paid (\$)</u> = 0			Dependent Claims For Boild (\$)
HP = highest number of total claim	ms paid for, it	0 x _ f greater than 20.		=		<u>Fee (\$)</u>	Fee Paid (\$)
-	_		T (2)	gang mang at an archite			
<u>Indep. Claims</u> <u>- 3 or HP</u> 2 - 3	<u>Ex</u>	tra Claims	Fee (\$)	<u>Fee Paid (\$)</u> = 0			
$\frac{2}{\text{HP = highest number of independ}}$	ent claims pa	0 x id for if greater tha	n 3.	= 0			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.							
See 35 U.S.C. 41(a)(1 Total Sheets Ex			ner of each a	dditional 50 or fra	action thereo	f Fee (\$)	Fee Paid (\$)
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$)							=
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): RCE filing fee							\$810.00
SUBMITTED BY /							
101	11	117	7.1	Registration No.		m 1 1	410 451 0015
Signature (Attorney/Agent) 22,132 Telephone 412-4/1-8815							
Name (Print/Type) Will	iam H. L	ogsdon				Date Ma	ay 17, 2010